

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO. :</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
EX PARTE REQUEST TO VIEW OR OBTAIN COPY OF SEALED FAMILY LAW DOCUMENTS	CASE NUMBER:

1. Request to view or obtain a copy of sealed documents.
- a. ☐ I am the ☐ petitioner ☐ respondent ☐ attorney of record for petitioner or respondent in this action. I would like to view or obtain a copy of the documents listed in item 2 and request that they remain sealed under Family Code section 2024.6.
- b. ☐ I am an agent of the local child support agency (LCSA), which has been joined to the action to establish, modify, or enforce a support order on behalf of the ☐ petitioner ☐ respondent ☐ other (specify):

I would like to view or obtain a copy of the documents listed in item 2, related to the parties' financial information, and request that they remain sealed.

If you are not a person specified above or if you want these documents unsealed, you must complete an *Order to Show Cause* (form FL-300) or a *Notice of Motion* (form FL-301) and an *Application for Order and Supporting Declaration* (form FL-310) explaining your reasons for this request.

2. **Documents I want:** **Date filed (if known)**
- a.
- b.
- c.
- d.
- ☐ Continued on Attachment 2.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF PARTY)

ORDER

The court having reviewed this request and the listed documents, the person making the request may view or obtain a copy of the documents listed above with the exception of:
 subject to payment of the appropriate copying costs by the requestor. The requestor must use these documents only in a legally authorized manner.

Date: _____

 JUDICIAL OFFICER